

VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF PRENEED SALES AGENT

TO BE COMPLETED BY THE FUNERAL SERVICE ESTABLISHMENT:

Pursuant to Rules section R156-9-402(10), a funeral service establishment is obligated to notify DOPL within 10 days of the association or disassociation of a preneed sales agent.

- A. I am/we are verifying the disassociation of a **licensed** preneed sales agent, who was previously associated with us.

Yes: ☐ If yes, send this completed form directly to DOPL.

- B. I am/we are verifying the association of a **licensed** preneed sales agent.

Yes: ☐ If yes, send this completed form directly to DOPL.

- C. I am/we are verifying the association of an **unlicensed** preneed sales agent.

Yes: ☐ If yes, provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Statute section 58-9-302(5)(f), an applicant must demonstrate at time of application for licensure that he/she will be associated with a licensed funeral service establishment. It is unlawful to employ a preneed sales agent prior to his/her becoming licensed. If the person is unlicensed, the blank for effective date of association should state "upon grant of license" and the blank for license number should read, "to be applied for."

Name of Preneed Sales Agent: _____

License Number of Preneed Sales Agent: _____

Effective Date of Association or Disassociation: ____/____/____

Will this agent be selling preneed contracts by use of insurance contracts? ☐ Yes ☐ No

(Continued on the next page.)

Name of Responsible Licensed Funeral Service Director: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

Name of Funeral Service Establishment: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

I / We do hereby certify that the above information is accurate and that I/we have contracted with and/or employed the above named licensed preneed sales agent (*or if unlicensed, subject to their obtaining a preneed sales agent license*).

Signature of Authorized Officer of
Preneed Funeral Service Provider: _____

Date of Signature: ____/____/____